

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8908

CERTIFICATE OF DEATH

Reg. Dist. No.

8907

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY <i>Cabret</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. STATE <i>Md</i> b. COUNTY <i>Cabret</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		c. LENGTH OF STAY IN 1b <i>2 days</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Cabret County Hospital</i>		d. STREET ADDRESS —		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First <i>Nellie</i>	Middle <i>L.</i>	Last <i>Bond</i>	4. DATE OF DEATH Month <i>Aug.</i> Day <i>2,</i> Year <i>1958</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 15 1887</i>	9. AGE (In years last birthday) <i>70 yrs.</i>	10. IF UNDER 1 YEAR Months Days Hours Min. 11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		12. CITIZEN OF WHAT COUNTRY? <i>Cabret Co., Md U.S.A.</i>	
13. FATHER'S NAME <i>Richard L. Dyles</i>		14. MOTHER'S MAIDEN NAME <i>Frances Slave Freeland</i>		Address <i>Prince Frederick Rd.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT <i>mrs George D. Turner -</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute polyneuritis.</i> DUE TO <i>Staph</i> <i>260X</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>Parkinsons disease (post mortem)</i> 9 years DUE TO (c) <i>Diabetes Mellitus</i> 3 months					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>July 1, 1958</i> , to <i>Aug. 2, 1958</i> , that I last saw the deceased alive on <i>Aug. 1, 1958</i> , and that death occurred at <i>M.</i> from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE <i>George O. Jett</i> M.D. <i>PRINCE FREDERICK 8/4/8</i> PHYSICIAN'S NAME (Type) <i>George O. Jett</i> PRINCE FREDERICK					
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Aug. 4, 1958</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>St. Saint Cemetery</i>	
22d. LOCATION (City, town, or county) (State) <i>Sundland - Cabret Co - Md</i>		22e. REC'D BY REGISTRAR DATE <i>AUG 6 '58</i>		24b. REGISTRAR'S SIGNATURE <i>Asst. Health Officer</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>G. A. Harkness & Sons - Mutual, Md.</i>		ADDRESS			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08908

8909

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Calvert		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Calvert		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North Beach				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Patrick Thomas		First <i>Patrick</i>	Middle <i>Thomas</i>	Last <i>Carton</i>	4. DATE OF DEATH August 2 1958	Month August	Day 2	Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 8/8/93	9. AGE (In years lost birthday) 64 yrs.	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Andrew Carton				14. MOTHER'S MAIDEN NAME Roseanna McGuire				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. ?				17. INFORMANT Family
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 153.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH Heart failure - Carcinomatous - Ca. of Cæcum. 3 Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hysterectomy performed - July 23/58 - Ileo-transverse colostomy								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.) None						
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Angeles	(County) Los Angeles	(State) Calif.	
21. I certify that I attended the deceased from Aug 2 1958 to Aug 2 1958 , that I last saw the deceased alive on Aug 5 1958 , and that death occurred at 746 from the causes and on the date stated above.								
ACTUAL SIGNATURE <i>Edw Willard</i>		ADDRESS (Street, city or town, state) 517 Leonidas St. Los Angeles Calif.						
PHYSICIAN'S NAME (Type) R. de Villareal		DATE SIGNED 8/15/58						
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial Aug. 6, 1958		22b. DATE THEREOF Aug. 6, 1958	22c. NAME OF CEMETERY OR CREMATORIUM Mt. Harmony Cemetery		22d. LOCATION (City, town, or county) Mt. Harmony, Md.	(State) Md.		
23. FUNERAL DIRECTOR'S SIGNATURE A. D. Harkness & Son - Mutual, Md.		ADDRESS 101 W. Pratt Street, Baltimore, Md.		24a. REC'D BY REGISTRAR AUG 6 '58	24b. REGISTRAR'S SIGNATURE Alt. Deacon			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8910

CERTIFICATE OF DEATH

Reg. Dist. No.

08909

1. PLACE OF DEATH a. COUNTY <i>Cabell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Md</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		c. LENGTH OF STAY IN 1b <i>7 days</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Cabell County Hospital</i>		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick (rural)</i>	
3. NAME OF DECEASED (Type or print) <i>ERNEST</i>		First <i>E</i>	Middle <i>R</i>
4. DATE OF DEATH <i>Aug. 24, 1958</i>		Last <i>DENTON</i>	Month <i>Aug.</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 12, 1874</i>
9. AGE (In years last birthday) <i>83 yrs.</i>		10. IF UNDER 1 YEAR <i>10</i>	11. IF UNDER 24 HRS. <i>12</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm Owner</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	
11. BIRTHPLACE (State or foreign country) <i>Cabell Co., Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Charles Denton</i>		14. MOTHER'S MAIDEN NAME <i>Henrietta Hutchins</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>220-09-4248</i>	
17. INFORMANT <i>Mrs Ernestine Boyd-P. Frederick, Md</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>420.1</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. <i>(b)</i> DUE TO <i>Arteriosclerotic L. V. Disease</i> (c)	
		INTERVAL BETWEEN ONSET AND DEATH <i>8 days</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <i>19</i>		20d. INJURY OCCURRED While Not while of work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <i>Aug 16, 1958</i> , to <i>Aug 28, 1958</i> , that I last saw the deceased alive at <i>Aug 28, 1958</i> , and that death occurred at <i>M.</i> from the causes and on the date stated above. ADDRESS (Street, city or town, state) <i>Prince Frederick, Md</i>		DATE SIGNED <i>8/28/58</i>	
ACTUAL SIGNATURE <i>PAGE C JETT</i>		M.D.	
PHYSICIAN'S NAME (Type) <i>PAGE C JETT</i>		22d. LOCATION (City, town, or county) (State) <i>Cabell County, Md.</i>	
22e. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial Aug. 27, 1958</i>		22f. NAME OF CEMETERY OR CREMATORIUM <i>Watkins Memorial Cemetery, Cabell County, Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>A. O. Harkness & Son - Mutual, Md.</i>		24a. ADDRESS 24b. REGISTRY SIGNATURE <i>Arthur S. Harkness</i>	
		DATE <i>AUG 27 '58</i>	

MISSOURI STATE DEPARTMENT OF HEALTH - ALZHEIMER'S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8911

CERTIFICATE OF DEATH

Reg. Dist. No.

08910

1. PLACE OF DEATH a. COUNTY Calvert		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE Maryland b. COUNTY Calvert	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN lb 1		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lusby	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital		d. STREET ADDRESS 1		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Rebecca	First Katie	Middle 	Last Edwards	4. DATE OF DEATH August 4	Month Year 1958
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 16, 1878	9. AGE (In years last birthday) 80 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME John W. Longs		14. MOTHER'S MAIDEN NAME Rebecca C. Roberts.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 219-36-8045		17. INFORMANT Goldie Hall, Lusby, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C.V.R. disease		INTERVAL BETWEEN ONSET AND DEATH			
442X Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO					
{ DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m.		20d. INJURY OCCURRED While Not while of work <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 4 May , 19 58 , to 3 Aug , 19 58 , that I last saw the deceased alive on 3 Aug , 19 58 , and that death occurred at 7 A.M. from the causes and on the date stated above.		ADDRESS (Street, city or town, state) M.D. Huntingtontown Md.			
ACTUAL SIGNATURE D. Stevens		DATE SIGNED			
PHYSICIAN'S NAME (Type)					
22a. BURIAL OR CREMATION, REMOVAL (Specify) 8-9-58		22b. DATE THEREOF 8-9-58		22c. NAME OF CEMETERY OR CREMATORIUM St. Johns	
22d. LOCATION (City, town, or county) Lusby, Md.		(State)			
23. FUNERAL DIRECTOR'S SIGNATURE P. E. Scovell. Pn. Frederick.		ADDRESS		24a. REC'D BY REGISTRAR AUG 11 '58	
				24b. REGISTRAR'S SIGNATURE Albrecht	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After his certificate has been signed by the attending physician, it should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MANUFACTURED HOME—MENTAL STATE AND LANGUAGE

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after this bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-5 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08911

8912

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Calvert</i>	MARYLAND LENGTH OF STAY (in this place) <i>2 days</i>	STATE <i>Md.</i>	COUNTY <i>Charles</i>
CITY (If outside corporate limits, write RURAL OR give nearest town) <i>Prince Frederick</i>	TOWN <i>Benedict</i>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>08X-2</i>	STREET ADDRESS (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Calvert County Hospital</i>			
3. NAME OF DECEASED (First) <i>Bessie</i> (Middle) <i>Mae</i> (Last) <i>Higgs</i>		4. DATE OF DEATH <i>8/15/58</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Se 4</i>	8. DATE OF BIRTH <i>10/21/00</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Se 4</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
13. FATHER'S NAME <i>John Springfield</i>		14. MOTHER'S MAIDEN NAME <i>Alice Bond</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT & ADDRESS <i>Mary Alice Murphy - daughter - Benedict</i>		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>190.5 IMMEDIATE CAUSE (A) Carcinomatous tumor Antecedent cause(s) due to (B) metastasis from Melanoma Diseases or conditions, if any, (B) giving rise to the above cause Stating underlying cause last. Due to (C) abdominal metastasis in thorax abdomen / peritoneum or thorax</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>x pubis</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7/20/58</i> , to <i>8/15/58</i> , that I last saw the deceased alive on <i>8/15/58</i> , and that death occurred at <i>6:25 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>Ed Williamson</i> ADDRESS (Street, city, town, state) <i>St. Leonard, Md.</i> DATE SIGNED <i>8/16/58</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>8/18/58</i>	
24. REC'D BY REGISTRAR <i>AUG 20 '58</i>		NAME OF CEMETERY OR CREMATORIAL <i>St. Marys</i>	
DATE		LOCATION (City, town, or county) (State) <i>Bryantown, Md.</i>	
REGISTRAR'S SIGNATURE <i>Arthur S. Kraus</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>The Hunt Funeral Home, Waldorf, Md.</i>	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be retained by the hospital or attending physician. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08912

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Calvert		MARYLAND		STATE Maryland		COUNTY Calvert	
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Island Creek		(If rural give location)	
TOWN Prince Frederick		3 days		STREET ADDRESS /			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital							
3. NAME OF DECEASED (First) Grace (Middle) (Last) Holland				4. DATE (Month) OF DEATH August 22 1958			
5. SEX Female		6. COLOR OR RACE Negro		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH 4/29/14	
9. AGE last birthday 44 yrs.		10. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Wesley Gross				14. MOTHER'S MAIDEN NAME Elizabeth Parker			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mother			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
443X IMMEDIATE CAUSE (A) Cerebral accident due to ANTECEDENT CAUSE(S) DUE TO Essential Hypertension c.vd DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, term, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) St. Peters (County) St. Marys (State) M.D.			
21d. TIME OF INJURY (Month) Aug (Day) 22 (Year) 1958 (Hour) M. <input type="checkbox"/> at work <input type="checkbox"/> Not while <input type="checkbox"/> at work		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR? St. Peters			
22. I hereby certify that I attended the deceased from Aug 22, 1958, to Aug 22, 1958, that I last saw the deceased alive on Aug 22, 1958, and that death occurred at 842 St. Peters M., from the causes and on the date stated above. SIGNATURE R. W. Williams M.D. ADDRESS (Street, city, town, state) St. Peters DATE SIGNED 8/24							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Brooks		DATE THEREOF 8-26-58		NAME OF CEMETERY OR CREMATORIAL Brooks		LOCATION (City, town, or county) Island Creek (State)	
24. REC'D BY REGISTRAR DATE SEP 3 1958		REGISTRAR'S SIGNATURE R. E. Sewell, Jr. Fred, Md		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

08913

8914

1. PLACE OF DEATH o. COUNTY Calvert		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE New York		b. COUNTY Bronx			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bronxville					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert County Hospital		d. STREET ADDRESS 89 Lawrence Park		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) Thomas Hamilton Niven		First	Middle	Last	4. DATE OF DEATH August 3, 1958	Month	Day	Year	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH August 1, 1958	9. AGE (In years last birthday) yrs. 2	10. IF UNDER 1 YEAR Months 2	11. IF UNDER 24 HRS. Days 0	Hours 0	Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Thomas Andrew Niven		14. MOTHER'S MAIDEN NAME Mary Hamilton		Address Mary Niven, Bronxville, N. Y.					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature delivery. DUE TO 761.5 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO Placenta previa (c)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not while at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Huntingtown, Md.		(County) Huntingtown	(State) Md.
21. I certify that I attended the deceased from 1 Aug , 1958, to 3 Aug , 1958, that I last saw the deceased alive on 3 Aug , 1958, and that death occurred at 1235 M., from the causes and on the date stated above.		ADDRESS (Street, City or town, state) Huntingtown, Md.							DATE SIGNED 8/4/58
ACTUAL SIGNATURE G. J. Weems		M.D.							
PHYSICIAN'S NAME (Type) G. J. WEEMS									
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial Aug. 5, 1958		22b. DATE THEREOF Aug. 5, 1958		22c. NAME OF CEMETERY OR CREMATORIUM St. Paul's		22d. LOCATION (City, town, or county) Prince Frederick, Md.			
23. FUNERAL DIRECTOR'S SIGNATURE G. A. Hawkins & Son - Mutual, Md.		ADDRESS		24a. REC'D BY REGISTRAR DATE AUG 6 '58		24b. REGISTRAR'S SIGNATURE Albert E. Smith			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

Date of Birth:

Name:

Sex:

Cause of Death:

Date of Death:

B

Date of Birth:

Age:

Place of Death:

Place of Burial:

Cause of Death:

Cause of Death:

Date of Birth:

Cause of Death:

B

Cause of Death:

Cause of Death:

DEATH CERTIFICATE
REGISTRATION
AND REPORTING
DIVISION
DEPARTMENT OF
HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08914

CERTIFICATE OF DEATH

8915

Reg. Dist. No.....

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician or hospital, it should be completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED						
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY WILLOWS (If rural give location)					
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Hosp		STREET ADDRESS 1						
3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle)	(Last) Reid					
4. DATE (Month) OF DEATH	18	(Day)	27	(Year)	1958			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
F	C		March 1872	80 yrs.	Months	Days	Hours	Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
		Maryland	U.S.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Anos Bradley	Unknown							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS						
(If Yes, give war or dates of service)		Carl Brown Willovs						
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH				
442X IMMEDIATE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO AGE	Cardio vascular Renal Disease		5 yrs				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			Found in home unconscious					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County)		(State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from Aug 27 1958, to Aug 27 1958, that I last saw the deceased alive on Aug 26, 1958, and that death occurred at 11 A.M. from the causes and on the date stated above. SIGNATURE H.W. Ward M.D. ADDRESS (Street, city, town, state) Owings Mill DATE SIGNED 8/28/58								
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF 8-29-58	NAME OF CEMETERY OR CREMATORIAL St. Edmonds	LOCATION (City, town, or county) Sunderland md					
24. REC'D BY REGISTRAR DATE SEP 3 '58	REGISTRAR'S SIGNATURE Annes S. Kraus	25. FUNERAL DIRECTOR'S SIGNATURE P.E. Sewell, Prince Frederick.			ADDRESS			

STATE OF UTAH - DEPARTMENT OF TRANSPORTATION - DIVISION OF HIGHWAYS

CERTIFICATE OF DATA

George W. Gandy

Captain

U.S. Coast Guard

Coast Guard

22 23 24 25 26

Left

Right

1981 November

C

A.G.N.

Boatman

Boatman

1981 November

Boatman

George W. Gandy

A

B

1981 November 23, 1981 C.J. Gandy 88-25-8

George W. Gandy 239

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 2lb Film 232 8-20-58 ans

Item 7 Film 232 8/15/58 reg

08915

8916

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town)	MARYLAND
TOWN	LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	

Calvert
House Fred**2. USUAL RESIDENCE (HOME) OF DECEASED**

STATE CITY (If outside corporate limits, write RURAL and give nearest town)	COUNTY Severn
OR TOWN	STREET ADDRESS

AA County

02X-2 JV

**3. NAME OF
DECEASED**

(First) Clara (Middle) F (Last) Westerman

(Type or Print)

Female

White

**4. DATE (Month)
OF
DEATH**

Aug 8 1958

IF UNDER 1 YEAR
Months Days Hours Min.**10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)**

Music Teacher

**10b. KIND OF BUSINESS
OR INDUSTRY****8. DATE OF BIRTH**

Aug 6 1868

90 yrs.

9. AGE last birthday

Baltimore, Md.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

**12. CITIZEN OF WHAT
COUNTRY?**

USA

13. FATHER'S NAME

Frederick Westerman

14. MOTHER'S MAIDEN NAME

Clara

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unk.) No (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.

none

17. INFORMANT & ADDRESS

Mrs James Valiant, Olney, Md.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

904.0 IMMEDIATE CAUSE (A)

Coronary occlusion

ANTECEDENT CAUSE(S) DUE TO

Fracture of hip.

DISEASES OR CONDITIONS, IF ANY, (B)

GIVING RISE TO THE ABOVE CAUSE DUE TO

STATING UNDERLYING CAUSE LAST. DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.****19a. DATE OF OPERATION****19b. MAJOR FINDINGS OF OPERATION****20. AUTOPSY?**YES NO 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)

Fall at home

**21b. PLACE (Home, farm, factory,
or INJURY street, office bldg., etc.)****21c. WHERE DID INJURY OCCUR? (City or town)**

Severn

(County)

AA

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)**21e. INJURY OCCURRED****21f. HOW DID INJURY OCCUR?**M. While at work Not while at work

Fell at home

22. I hereby certify that I attended the deceased from

alive on Aug 8, 1958

and that death occurred at 6:30 A.M.

from the causes and on the date stated above.

SIGNATURE

H. Weems

ADDRESS (Street, city, town, state)

DATE SIGNED

8 Aug 58

**23. BURIAL, CREMATION,
REMOVAL (SPECIFY)**

Burial

DATE THEREOF

Aug. 11, 1958

NAME OF CEMETERY OR CREMATORIUM

Baltimore

LOCATION (City, town, or county)

Baltimore, Md.

(State)

24. REC'D BY REGISTRAR**REGISTRAR'S SIGNATURE**

Arthur J. Tracy

25. FUNERAL DIRECTOR'S SIGNATURE

James J. Murphy

Hopping and Kirkley

ADDRESS

Glen Burnie, Md.

DATE

AUG 12 1958

STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF DEATH

DEATH NO.

DEATH CERTIFICATE NO.

DAY

MONTH

YEAR

AGE

DECEASED

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

NAME

SEX

NAME OF MARRIED

NAME OF CHILDREN

AGE

NAME OF SPOUSE

NAME OF PARENTS

NAME

NAME OF MARRIED

NAME OF CHILDREN

NAME

NAME OF MARRIED

NAME OF CHILDREN